24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)							
National Nurses United for Patient Protection							
	C C00490375						
Check if X 24-hour report 48-hour report New report Amends report	filed on						
I E III Nove of David							
Full Name of Payee Outfront Media	Date of Public Distribution/Dissemination						
	05 02 / Y Y Y Y Y						
Mailing Address 185 US Highway 46	Amount						
City State Zip Code	3950.00						
Fairfield NJ 07004	Transaction ID : D712333 Date of Disbursement or Obligation						
Purpose of Expenditure Category/	M M / D D / Y Y Y Y						
Type	03 18 2016						
Name of Federal Candidate Support	Office Sought: House District: 00						
Bernie Sanders Oppose	President Senate State: CA						
Calcindar Tour To Bato	Disbursement For: X Primary General						
Per Election for Office Sought 78773.84	Other (specify)						
Full Name of Payee	Date of Public Distribution/Dissemination						
Outfront Media	05 02 7 2016						
Mailing Address 185 US Highway 46	03 02 2010						
100 00 Highway 40	Amount						
City State Zip Code	19949.00						
Fairfield NJ 07004	Transaction ID : D734721						
	Date of Disbursement or Obligation						
Purpose of Expenditure Billboard Category/ Type	04 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	4						
Name of Federal Candidate Support	Office Sought: House District: 00						
Bernie Sanders Oppose	President Senate State: CA						
Calendar Year-To-Date	Disbursement For: X Primary General						
Per Election for Office Sought 78773.84	2016 Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	23899.00						
(b) SUBTOTAL of Unitemized Independent Expenditures	· <u>.</u> <u> </u>						
(c) TOTAL Independent Expenditures	·						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert							
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
party commission any political party commission of its agent.							
Martha Kuhl	M = M / D = D / Y = Y = Y						
Signature [Electronically Filed] Date	05 02 2016						
olyliatule							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly			FOR S	SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIF	ICATION NUMBER	7			
IN	lational Nurses United for Patient Protection			C C00490	0375		
Ch	eck if 24-hour report 48-hour report New report A	mends repo	ort filed on	M / D	D / Y = Y = Y = Y		
П	Full Name of Payee		Date of	of Public Distril	bution/Dissemination		
١	Latino Print Network Mailing Address 3445 Catalina Dr			05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
				nt			
	City State Zip Code		— I		47300.00	П	
١	Carlsbad CA 92010			Transaction ID : D734719 Date of Disbursement or Obligation			
	Purpose of Expenditure Category Type			04 / 2	D / Y Y Y Y		
	Name of Federal Candidate	Support	Office Sough	t: Hou	ise District: 00		
١	Bernie Sanders	Oppose	X Preside		C A		
	Calendar Year-To-Date Per Election for Office Sought 78773.8	4	Disbursement	t For: X P	rimary Genera	ıl	
١	Per Election for Office Sought 78773.8	4		ther (specify)	<u> </u>	_	
	Full Name of Payee Autumn Press				bution/Dissemination		
	Mailing Address 945 Camelia St		. L	05 02		_	
1			Amou	nı		_	
1	City State Zip Code				2019.53	╛	
١				Transaction ID : D734722 Date of Disbursement or Obligation			
	Purpose of Expenditure Printing Category Type		M	05 / 02	2 2016		
1	Name of Federal Candidate	Support	Office Sough	it: Hou	use District: 00		
1	Bernie Sanders	Oppose	X Preside	ent Sen	nate State: CA		
	Calendar Year-To-Date Per Election for Office Sought 78773.8	4	Disbursemen 2016	ther (specify)	Primary Genera	al	
	(a) SUBTOTAL of Itemized Independent Expenditures			the (epoint)	49319.53		
	(b) SUBTOTAL of Unitemized Independent Expenditures		•		4		
	(c) TOTAL Independent Expenditures		•	7	4		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Martha Kuhl [Electronically Filed]	Date	M M /	02 / Y	2016		
	Signature						
_							

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
IN	lational Nurses United for Patient Protection	C C00490375					
Ch	eck if X 24-hour report 48-hour report New report Amends report f	iled on Man / Dad / Yayayay					
П	Full Name of Payee	Date of Public Distribution/Dissemination					
١	Autumn Press	05 02 2016					
	Mailing Address 945 Camelia St	Amount					
	City State Zip Code	4239.06					
١	Berkeley CA 94710-1437	Transaction ID : D734723 Date of Disbursement or Obligation					
	Purpose of Expenditure Printing Category/ Type	05 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support O	ffice Sought: House District: 00					
١	Bernie Sanders Oppose	✓					
		isbursement For: X Primary General					
١	Per Election for Office Sought 78773.84	Other (specify) ▶					
	Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination					
	Mailing Address 155 Grand Avenue	04 29 2016 Amount					
1	City State Zip Code	411.75					
١	Oakland CA 94612	Transaction ID : D734724 Date of Disbursement or Obligation					
	Purpose of Expenditure Payroll Category/ Type	05 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
1	Name of Federal Candidate Support C	ffice Sought: House District:00					
		President Senate State: CA					
		isbursement For:					
	(a) SUBTOTAL of Itemized Independent Expenditures	4650.81					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Martha Kuhl [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Signature	لىتتىا لىنا لىد					

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)	10.120		PAGE 4 OF 4 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Ν	lational Nurses United for Patient Protection			C C00490375
				0 0001000.0
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on	M / D D / Y = Y = Y
	Full Name of Payee National Nurses United		of Public Distribution/Dissemination	
	Mailing Address 155 Grand Avenue			04 28 2016
	Too Grand Avenue		Amour	nt
	City State	Zip Code		904.50
	Oakland CA	94612		action ID: D734725 If Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	М	05 02 7 2016
	Name of Federal Candidate	Support	Office Sought	t: House District: 00
	Bernie Sanders	Oppose	X Preside	
	Calendar Year-To-Date Per Election for Office Sought	78773.84	Disbursement 2016 Ot	t For:
	Full Name of Payee			of Public Distribution/Dissemination
			М	M / D D / Y Y Y Y
	Mailing Address			
			Amour	nt
	City State	Zip Code		
			Date o	of Disbursement or Obligation
	Purpose of Expenditure	Category/ Type	M	M / D D / Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sough	t: House District:
		Oppose	Preside	ent Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursemen	
	Tel Election for Since Godgin		O	ther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		•	904.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 7 7
	(c) TOTAL Independent Expenditures		· ·	78773.84
1	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		ically Filed] Date	e 05	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			